

Telemedicine Insurance Coverage Adjustment Request

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request an adjustment to my insurance coverage regarding telemedicine follow-up consultations. My policy number is [Your Policy Number].

I recently had a telemedicine consultation on [Date of Consultation] with [Healthcare Provider's Name], and I believe that the follow-up consultations should be fully covered under my current health plan. As [Provider's Name] advised, ongoing follow-up care is crucial for my treatment related to [Your Medical Condition/Diagnosis].

Enclosed with this letter are copies of relevant documentation including the consultation summary, billing information, and any additional notes provided by my healthcare provider.

I kindly request that you review this information and adjust my coverage to include these important follow-up consultations. Thank you for your attention to this matter. I am looking forward to your prompt response.

Sincerely,
[Your Name]